| SEC Form 4 FORM 4 | UNITED STAT | ES SECURITIES AND EXCHANGE COM | IMISSION | | |
|------------------------------------------------------------------------------------------------------------------------------|---------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|---------------------------------------------------------------------|-----------------------|
| Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). | | Washington, D.C. 20549 IT OF CHANGES IN BENEFICIAL OWNE pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 | RSHIP | OMB APF OMB Number: Estimated average hours per response | 3235-0287 burden |
| 1. Name and Address of Reporting Perso <u>Rollins Emily</u> | n* | 2. Issuer Name and Ticker or Trading Symbol <u>Xometry, Inc.</u> [XMTR] | (Check all applicab X Director | 10 | 0% Owner |
| (Last) (First) C/O XOMETRY, INC. | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) 08/10/2022 | Officer (gi below) | | Other (specify below) |
| 7529 STANDISH PLACE, SUITE (Street) DERWOOD MD (City) (State) | 20855 (Zip) | 4. If Amendment, Date of Original Filed (Month/Day/Year) | Line) X Form filed | t/Group Filing (Che I by One Reporting F I by More than One I | Person |
| Та | able I - Non-Deriva | itive Securities Acquired, Disposed of, or Benefi | cially Owned | | |

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transa Code (8) | | 4. Securities Disposed Of 5) | | | 5. Amount of Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---------------------------------|--------------------------------------------|-------------------------------------------------------------|------------------------------|---|------------------------------------|---------------|--------------------|---------------------------------------------------------------------------|-------------------------------------------------------------------|-------------------------------------------------------------------|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (1150.4) |
| Class A Common Stock | 08/10/2022 | | M ⁽¹⁾ | | 10,000 | A | \$12.32 | 13,729 | D | |
| Class A Common Stock | 08/10/2022 | | S ⁽²⁾ | | 10,000 | D | \$ <mark>50</mark> | 3,729 | D | |

| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) saction 3A. Deemed 4. 5. Number 6. Date Exercisable and 7. Title and Amount 8. Price of 9. N | | | | | | | | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----|-----------|-------------------------|---------------------|-------------|-----------|--|--|--|--|--|
| nsaction | 3A. Deemed | 4. | 5. Number | 6. Date Exercisable and | 7. Title and Amount | 8. Price of | 9. Number | | | | | |

| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transa Code (8) | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
|-----------------------------------------------------|-----------------------------------------------------------------------|--------------------------------------------|-------------------------------------------------------------|------------------------------|---|-----|--------|----------------------------------------------------------------|--------------------|-----------------------------------------------------------------------------------------------|----------------------------------------|-----------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|--------------------------------------------------------------------|
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |
| Stock Option (Right to Buy) | \$12.32 | 08/10/2022 | | М | | | 10,000 | (3) | 02/24/2031 | Class A Common Stock | 10,000 | \$0.00 | 0.00 | D | |

Explanation of Responses:

1. The transaction reported in this Form 4 was effected automatically pursuant to a Rule 10b5-1 trading plan adopted by the reporting person at least 30 days prior to the trading date.

2. Represents shares sold in a transaction that was effected automatically pursuant to a Rule 10b5-1 trading plan adopted by the reporting person at least 30 days prior to the trading date.

3. Shares vest in 48 monthly installments beginning on April 2, 2021, subject to the Reporting Person's continuous service.

Remarks:



** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

 \ast If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.